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PTO/SB108 (08-03)
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| Chipt us represent institution and itself, an persons as required to respons to a consecution of mornisors (visited in displays a valid CMB control morbor. | | | | | | | | | | |
|--|---|---|--------------|---|------------------|--------------------|------------------------|------------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | | штвы |
| CLAIMS AS FILED - PART I (Column 1) (Colum | | | | | oluma 2) | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| Ļ | FOR | NUMB | MAMBER FILED | | NUMBER EXTRA | | FEE | | RATE | FEE |
| | SIC FEE CFR 1.18(s)) | | | | | |] | OR | | 15 |
| | TAL CLASMS CFR 1.18(c) | | minus 20 = | | _ | X4 | | OR | X1 | |
| | EPENDENT CLA CFR 1.18(b)) | MS | minus 3 - | | | X | | OR. | X. | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(6)) | | | | | 1 | | OR. | | | |
| "If the difference in column 1 is less than zero, enter "I" in column 2. | | | | | | TOTAL | | OR OR | ***** | |
| | | | | | . 1012 | | UK | TOTAL | <u> </u> | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | |
| L | 7/02/0 | (COORIE TY | (Column 2) | (Column 3) | SMALL ENTITY | | OR | | R THAN ENTITY | |
| MENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADOI- TIONAL FEE |
| 30 | Total promitted | 6 | Minus | - 27 | • | X 8_ = | | OR. | X 5 . c | 762 |
| MEND | Independent (27 GPR 1.16pg) | . 1 | Minus | - 4 | • | X3_ • | | OR | X 9 - | |
| ₹ | FIRST PRESENT | TATION OF BUILTIPL | E DEPENO | ENTOLANI, (STO | FR 1.16(4) | +1 . | | CR | • • | |
| , | | | | | | TOTAL | | OR. | TOTAL | |
| 11/1/0 (Column 1) (Column 2) (Column 2) | | | | | | ADD'L FEE | لــــــا | OK. | ADD'L FEE | |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | | | |
| ENDMENT B | | REMAINING AFTER AMENDMENT | · | NIMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | · RATE | ADDI- TIONAL FEE |
| Σ | Total 07 CFR 1.14(4) | . 10 | Minus | -27 | • | x s • | | OR | x 3 | |
| MEN | independent (3/ G/R 1,14(4)) | | eunitd | - 4 | 1 | X 1 = | | OR. | X 8= | |
| ₹ | FRET PRESENTATION OF WILLTIPLE DEPENDENT CLAIM (07 CFR 1.18(4)) | | | | | +1 | | OR | +3* | |
| 4-24-06 seems 1 | | | | | | TOTAL ADO'L FEE | | O R | TOTAL ADOL FEE | |
| 7 | 24-01 | (Column 1) | | (Column 2) | (Column 3) | | | | | |
| ENT C | ٠ | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| 3 | Total (27 023) 1,14(12) | . (| Minus | -27 | • ~ | x s = | | CR. | X3 | |
| AMENDMENT | tridependent (37 CFR 1,14(b)) | ک | Alimus | 4 | • | × 1 • | | OR . | x s | |
| ¥ | PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(d)) | | | | | + | | ОЯ | • • | |
| TOTAL TOTAL ADDL FEE OR ADDL FEE | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | |

The "Highest Number Proviously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to closely or retain a benefit by the public which is to title (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endour suppersions for require by the burden, should be sent to the Chief Information Officer, U.S. Peternt and Tredement Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Peternts, P.O. Box 1450, Alexandria, VA 22313-1450.

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